MEMBERSHIP APPLICATION
NEW ZEALAND

+64 9 579 8001 | jill@nzda.org.nz | dentalprotection.org

Dental Protection

Please complete in BLOCK CAPITALS, sign and return to: **the New Zealand Dental Association, PO Box 28084, Remuera, Auckland 1541, New Zealand.** For enquiries telephone +64 9 579 8001 or fax +64 9 580 0010. Email jill@nzda.org.nz

If your application for membership of MPS is approved, it will be dated from the day following receipt of your application unless you specify a later start date in the the area provided: D D M M Y Y Y Y

Section A – Personal details

Title

First name

Surname

Former name if any

Date of birth (DD/MM/YYYY)

Gender ☐ **Male** ☐ **Female**

Degrees and diplomas

Dental school and country

Month and year of graduation (MM/YYYY)

Country of practice

Professional registration number

Address for correspondence

Postcode (zip or postal area)

Daytime telephone

Evening telephone

Mobile number

Fax number

Email address

IMPORTANT! – Please read the following

1. Failure to disclose full and accurate details about your previous history, practice and income may invalidate your membership which means you are not entitled to seek advice or assistance from Dental Protection.
2. When completing the previous history section on pages 2 and 3 you must account for any gaps in your indemnity or insurance history during the last 10 years and also any break in clinical practice during the previous 2 years.
3. If you have had professional indemnity or insurance (other than from Dental Protection) for any practice outside your stated country of practice you must obtain your case history to submit with this application.
4. If you have had previous indemnity or insurance we may approach your previous indemnity or insurance organisation for your claims history. This process will take a minimum of 15 working days.
5. We will not assist with any matter arising from an incident pre-dating your MPS membership.
6. If you are leaving a claims made insurance contract, please ensure you have notified your previous provider of any adverse incident of which you are aware, that could become a claim. You should also check with the provider whether any closing payment is required to secure "run-off" cover for any future claim which may arise from an incident pre-dating your dental membership of MPS.

Please note that signing the declaration on page 5 indicates acceptance of the following requirements:
Members must keep Dental Protection informed of their current address and any changes in their professional circumstances. Failure to notify us of any change of address, private practice income and scope of practice could result in the withdrawal of the benefits of membership and/or the termination of your membership. The benefits of MPS membership are granted at the discretion of Council and are subject to the terms and conditions of the MPS Memorandum and Articles of Association, as amended from time to time.

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Section B – Previous History PLEASE READ THE IMPORTANT INFORMATION BELOW

In this section you must include details of any matter in which you have been named or involved. Please include any pending, unresolved or closed issues, even those already reported to Dental Protection. Failure to disclose full and accurate details about your previous history may delay your application. If necessary please continue your answers on a separate sheet.

1. **Have you had any professional indemnity/insurance before?** ☐ **Yes** (Please go to Q2) ☐ **No** (Please go to Q3)

2. **Please give the name of all other organisations and the dates during the last 10 years which you were a member or policyholder. If you were previously a member of MPS, please give your membership number and your full name at the time** (if it has changed).

Organisation	From DD/MM/YYYY	To DD/MM/YYYY	MPS number	Full Name	Other membership or policy number

3. **Have you at any stage practiced without professional indemnity during the last 10 years (ie, Please exclude any period(s) protected by state, employer, insurer or MDO indemnity)?** (If in doubt please indicate YES.) If you answer YES please confirm the dates and the reasons below.

☐ Yes ☐ No

4. **Have there been any breaks in your clinical practice of more than 6 months in the last 2 years?** (If in doubt please indicate YES.) If you answer YES please confirm the dates and the reason for any gap. Please also provide details of any continuous professional development or refresher training that has been undertaken.

☐ Yes ☐ No

5. **Have you ever previously been refused professional indemnity/insurance including a decline to renew or had it withdrawn/voided?** (If in doubt please indicate YES.) If you answer YES please provide a summary in your own words providing dates and reasons, including copies of any correspondence.

☐ Yes ☐ No

6. **Have you had any non-standard terms or conditions including a non-standard subscription or premium imposed on your professional indemnity/insurance?** If you answer YES please provide date and full details. (If necessary please continue on a separate sheet)

☐ Yes ☐ No

7. **In the last 10 years, have you had any complaint(s) arising out of your professional practice which has not been resolved at a local level (ie, within your own practice)?** If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet)

☐ Yes ☐ No

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. Failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

8. **In the last 10 years have you been involved in any claim(s) for compensation or damages arising out of your professional practice regardless of the outcome?** If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet)

   ☐ Yes ☐ No

9. **Are you aware of any incident(s) that might become a claim?** If you answer YES please provide full details of the incident(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the current status of the incident(s). (If necessary please continue on a separate sheet)

   ☐ Yes ☐ No

10. **Have you ever been the subject of a disciplinary inquiry or had practice privileges refused/ withdrawn/ made conditional by a health care provider?** If you answer YES please provide full details. The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the incident(s) occurred, name of indemnifier, the final outcome of the incident and was this reported to the regulatory body. (If necessary please continue on a separate sheet)

    ☐ Yes ☐ No

11. **Have you ever been subject to any referral, complaint, inquiry, investigation or hearing by any regulatory, licensing or registration body?** If you answer YES please provide full details. The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the case. (If necessary please continue on a separate sheet)

    ☐ Yes ☐ No

12. **Have you been cautioned by the police or convicted of any criminal offence? (You do not need to include spent/expired convictions, or minor road traffic offences that did NOT involve alcohol or drugs.)** If you answer YES please provide full details. The details must include: date of incident, full details of the offence, the final outcome or current position and was this reported to the regulatory body. (If necessary please continue on a separate sheet)

    ☐ Yes ☐ No

13. **Are there any other issues of which MPS might reasonably need to be aware when considering your application for membership?** (If in doubt please indicate YES.) If you answer YES please provide all relevant information below. (If necessary please continue on a separate sheet)

    ☐ Yes ☐ No

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. Failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

Section C – Practice details (If necessary please provide FULL details on additional sheets)

If you are registered to practise in any other Country please state which:

Will all your professional practice be carried out in the Country in which you are applying for membership?

☐ Yes ☐ No If **No**, please provide Country and full details (If necessary please continue on a separate sheet)

Will you be involved in treating or providing advice to patients outside of the Country in which you are applying for membership?

☐ Yes ☐ No If **Yes**, please provide Country and full details (If necessary please continue on a separate sheet)

1. Please tick the box/es below which best describes your position?

☐ Dentist	☐ Specialist Practice, please specify specialty eg orthodontics, oral and maxillofacial surgeon, etc
☐ Oral Surgeon	☐ Dental School staff
☐ Oral Maxillofacial Surgeon	☐ Corporate dental member
☐ Postgraduate student	☐ Dental Hygienist
☐ Defence Force	☐ Dental Therapist
☐ Government Health Employee	☐ Clinical Dental Technician

2. Please indicate if you are a member of one of the following organisations:

☐ NZDA ☐ NZDTA ☐ NZDHA ☐ CDTA

Section D – Cosmetic procedures (see definitions in subscriptions rates)

1. Do you undertake any of the following procedures or treatments?

☐ Botox

☐ Collagen, fillers and other similar cosmetic facial procedures

Please indicate the area/s where you practice these treatments:

☐ Peri-oral area and/or nasolabial folds

☐ Other areas of the face (eg glabella, forehead, cheeks and around the eyes)

If you have ticked one or more of the above, please include a separate written statement detailing the extent of your involvement, and provide copies of your certificate(s) of training.

Section E – Limited Clinical Activity

1. If you wish to apply for a reduced subscription rate because your clinical activity is limited, please tick one of the boxes below.

Dentists	Dental Hygienists, Dental Therapists & Clinical Dental Technicians
☐ My current clinical activity is no more than 10 hours/week (500 hours/year)	☐ My current clincal activity is no more than 20 hours/week (1,000 hours/year)

IMPORTANT! – Please read the following and sign below

Your Personal Information and Data

At times we will ask you to provide us with data and personal information including when you apply for membership, your subscription is renewed, your scope of practice changes and if you seek and we provide assistance to you. In applying for membership and by continuing as a member you agree that (i) we may hold and process your personal information (as defined in the New Zealand Privacy Act 1993 (the NZ Act)) or personal data including sensitive personal data (as defined in the United Kingdom's Data Protection Act 1998 (the UK Act)) which you provide to us or which we fairly obtain from another source for the purposes of processing any application for membership, the administration and provision of membership services, providing you with the benefits of membership (including, but not limited to, advice, assistance and indemnity), underwriting, risk assessment, marketing, education, research and audit during your membership and for a reasonable period after your membership terminates or an application for membership is rejected by us or withdrawn by you and (ii) we may share such personal information or data with MPS' related companies (Related Companies) and third parties who may also hold and process it for the same. Under the NZ Act and the UK Act you have the right to ask us for a copy of any of your personal information or personal data respectively which we hold. You also agree that (i) we may seek personal information or data relevant to any purpose for which you have agreed we may hold personal information or data from other professional defence organisations, insurance companies, employers or other third parties regarding your professional practice and career history and that they may release to us such information (ii) if you are outside of the European Economic Area (EEA) your personal information or data may be transferred to, held and processed within the EEA and (iii) if you provide us with an email address or telephone number it may be used by us, our Related Companies and third parties to contact you for any of the purposes for which you have agreed to allow us or them to hold or process your personal information or data.

IMPORTANT! – Please read, sign and add the current date below

By signing and returning this form you confirm that:

(i) You wish to apply for membership of MPS subject to the Memorandum and Articles of Association;
(ii) You understand that any failure to disclose full and accurate details may delay your application and/or if you are accepted into membership could result in the suspension or withdrawal of membership benefits and/or the cancellation and/or termination of membership
(iii) You understand that membership is not conferred automatically and is subject to approval by MPS
(iv) You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS and/or the association does not of itself confirm membership and/or entitlement to request benefits
(v) You will inform us if your personal circumstances or scope of practice changes.

If you are submitting additional sheets or correspondence, please tick here. ☐

Please check that you have completed a payment instruction form telling us how you would like to pay for your subscription and please tick here to confirm that the form is enclosed. ☐

In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. If you do not wish to receive such information, either via post or email, please tick this box. ☐

Signature:

Date: DD/MM/YYYY (Please note must be current date)

Please remember to inform us promptly if your personal circumstances or scope of practice change.

Dental Protection – New Zealand
Contact information

c/o New Zealand Dental Association
PO Box 28084, Remuera
Auckland 1541

New Zealand.

T +64 9 579 8001
F +64 9 580 0010

jill@nzda.org.nz
dentalprotection.org/newzealand

Please tell us why you have chosen Dental Protection – Your comments are important to us, please tick below

1. ☐ Personal recommendation
2. ☐ Competitive subscription rates
3. ☐ Dental Protection membership coordinator, please provide their initials:
4. ☐ Group arrangement
5. ☐ Dissatisfaction with previous organisation
6. ☐ Dental Protection event / conference
7. ☐ Other (please provide details in the space provided)

OFFICE USE ONLY

Date received (DD/MM/YYYY):	Date received (DD/MM/YYYY):	Membership number:
Date apptoved (DD/MM/YYYY):	Start Date (DD/MM/YYYY):	Grade
Approved by:	Notes:	

Additional space for answers to Sections

Please clearly indicate the question number that you are providing details for below.

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Please clearly indicate the question number that you are providing details for below.

Please attach additional pages if necessary and clearly indicate the question number for which you are providing additional information. Failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.